

DEVELOPMENTAL STAGES OF CHILDREN'S UNDERSTANDING OF DEATH/LOSS

taken from: Healing the Bereaved Child by Alan Wolfelt, Ph.D.; <http://www.erinshouse.org> ; <http://www.fernside.org>;
Hospice of Dayton, Bereavement Department; The Dougy Center for Grieving Children; Hospice of Metro Denver;
Safe Crossings Hospice of Seattle, Washington; Helping Children Cope With Grief by R. Sunderland, Ed.D.;
Talking to Children About Death, Hospice of Wayne County, Wooster, OH; Children's Understanding of Death by Janis
Snyder; "The Child's View of Death" by Morley Glick; Bereaved Children and Teens edited by Earl Grollman;
St.Vincent Hospice Volunteer handbook

DEVELOPMENTAL STAGES of CHILDREN'S UNDERSTANDING OF DEATH/LOSS

- Emotionally & cognitively, all ages may exhibit irritability, anxiety, lowered self-esteem, apathy, depression, feelings of rejection, distractibility, shortened attention spans, decline in school work, & the inability to attend to a task or play
- Remember to be as accurate, honest, and open as possible. Adjust explanations to child's developmental level...no elaborate explanations, as they can be confusing.
- Encourage questions & assure that emotions are the same as others in the same situation.
- Children often appreciate being offered pictures & possessions of the deceased as a way of supporting their grieving process...let them choose what they want & what to do with them
- Each child's response to grief will be individualized...but a child's developmental level affects his/her mourning.
- Each time a new developmental milestone is attained, children will integrate & use those new skills to gain further understanding of their grief.

Ages 2 & Under...loss may be understood as an absence or separation, particularly of a primary caregiver...infants & toddlers typically comforted by structure & routine

- reactions/feelings toward death:
 - can sense something is different, a change in the emotional atmosphere
 - may miss & ache for sound, smell, sight, or feel of someone
 - does not understand what death is
 - probably won't remember the person who died
 - responds to caregiver's grief and changes in schedule
 - fears of being abandoned
- behaviors:
 - fussiness, general anxiety
 - indigestion
 - thrashing, rocking
 - throwing
 - sickness
 - clinging
 - regression
 - changes in normal patterns such as sleeping & eating
 - thumb sucking
 - biting
- how to help:
 - offer physical comfort/physical contact
 - include in the process of mourning when possible & appropriate
 - maintain a daily routine, structure, and reassurance
 - be patient
 - accept changes while trying to adhere to routine

Ages 3 -5...for preschoolers, life is lived in the moment...death may be thought of as gradual, a departure, temporary, & reversible... a child's missing of the deceased will not necessarily be as a result of hearing that the person is dead, but how the child misses the specific elements of the person...sound of voice, expression, smell, activities experienced together, rhythm, etc.

- reactions/feelings towards death:
 - to die means the same as to live, but under changed circumstances
 - perceives death as temporary...believes the person will return or can be visited (cartoon characters magically rise up whole again—like coyote in "Roadrunner")
 - sleeping or being on a trip are often synonymous with death...reversible
 - many wonder what the deceased is doing
 - death is somehow still living...eg. dead people feel if you step on their graves
 - has difficulty with concepts such as heaven, soul, spirit
 - may not understand their new, scary feelings
 - death affects the child's sense of security
 - doesn't realize that everyone will die sooner or later...limited understanding
 - may not be able to verbalize what is happening inside
 - may ask questions about death repetitively
 - "magical thinking"...their thoughts can cause things to occur or not to occur...can often be worse than reality
 - anxious
 - insecure
 - scared
 - cranky, agitated
 - feels sadness, but often only for a short time...escapes into play, giving adults the impression the child is not grieving
 - may not remember the person who died
- behaviors:
 - regression
 - withdrawn
 - crying
 - interest in dead things
 - expresses feelings through play
 - nightmares...strong feelings are often expressed in sleep/dreams
 - will address the loss spontaneously & in spurts...a child may grieve at each moment when he/she feels the deceased's "goneness"
 - confusion
 - aggression

- a 3 year old may tell death stories that include aggression but the death not final, 4 year olds have the concept death is still reversible, but may involve the dead being eaten, 5 year olds relate stories with irreversible death to others—especially supernatural characters (stories help them develop an intellectual understanding of abstract & emotional issues)
- substitutes attachment to the person who died to another person
- noncompliance
- may seem unaffected by the death
- may reenact death during play
- how to help:
 - maintain a daily routine, structure...although impulsive, young children crave consistency
 - offer affection and reassurance
 - answer questions concretely, simply, and lovingly
 - avoid religious and symbolic language
 - when talking with child, provide something that can be done with his hands, such as a coloring book or clay...it may help the child listen
 - play with the child...if child asks you to be a monster & chase him, you can say "I'm a monster & I'm chasing you," then follow the child's directions with actions & sounds...be prepared for the child to play out an imagined or actual death scene over & over as he/she strives to understand what happened to the person who died
 - be honest...don't tell half-truths
 - be prepared to answer the same question repeatedly
 - include child in dying/mourning process/rituals to help the child understand what has happened
 - explain death in terms of the absence of familiar life functions...when people die, they do not breathe, eat, go to the bathroom, talk, or sleep anymore; when dogs die, they do not bark or run anymore; when flowers die they do not grow or bloom or need water or sun anymore.
 - allow "death" play...helps integrate the reality of the death...reflect & support
 - provide safe ways to express feelings...eg. if child feels angry, provide pillows to throw/hit
 - tolerate regressions
 - ceremony helps make sense out of the death
 - provide physical contact and physical comfort
 - allow tears as well as joy & fun
 - short term regressive behaviors are normal...offer your presence & support
 - read good picture books about death

Ages 6-9...beginning to have a clearer understanding of death including biological processes...language is beginning to become an important tool...becoming capable of concrete thinking with a more durable sense of the past, present, and future

- reactions/feelings toward death:
 - begins to understand that death is final...a permanent separation
 - physical outlets & play are still primary for grief expression
 - believes death happens to others but not to them or those they love...somehow they will be able to escape through their own ingenuity and efforts, although around age 8 the child may begin to suspect their own mortality
 - may associate death with a bad or evil power which stalks people
 - begin to develop an interest in causes of death: old age, violence, sickness...can see long range, but cannot see consequences
 - picture death more in physical form (a way to externalize & personify death)...a skeleton, an angel, monster, a ghost who gets you when you die—and looks for you when you are asleep, a very old man with a long white beard, the boogeyman
 - begins to have a fear of death & of others dying
 - may have confused thinking in regards to death...may feel guilty & blame self for the death or feel death is contagious
 - has difficulty putting problems & feelings into words
 - asks concrete & specific questions about death
 - identifies strongly with the deceased
 - sad
 - anxious
 - confused
 - angry
 - scared
 - cranky
- behaviors:
 - compulsive caregiving
 - continuation of expressing grief through play
 - may hide feelings
 - aggression
 - possessiveness
 - regression
 - headaches
 - stomachaches
 - phobias
 - withdrawal
 - nightmares

- specific questioning, looking for details
- declining or greatly improved grades
- may behave as though nothing happened
- may want to know the "right way" to act...becoming more socially aware
- how to help:
 - give children time to process their loss
 - realize the family is a grieving child's main security
 - peer relationships can help support a child...provide peer support
 - realize that grief may affect school responsibilities...may need to tailor workload
 - answer child's questions truthfully & go into accurate detail if the child wants to know...clarify what is being asked if necessary
 - listen to them in a patient and loving way
 - look for confused thinking
 - offer physical outlets
 - provide intentional times to grieve together
 - encourage drawing pictures, forming clay, reading, playing, music, dance, acting, sports, or other art to provide an outlet for expressing feelings
 - allow children to cry...especially boys
 - provide physical comfort/physical contact
 - let child choose how to be involved in death & mourning processes... incorporate the child's expression of love & grief during the funeral/memorial services
 - read good picture books about death
 - respond in a gentle, respectful, and discreet manner

Ages 10-12...beginning to have an "adult" understanding of what death is...have the ability to move beyond the self & form hypotheses about the world

- reactions/feelings toward death:
 - recognizes that death is inevitable, personal, universal, & irreversible
 - may view death as a punishment...may fear death
 - understand that death may happen again...and may wonder what will happen to self if the caregiver dies...feels vulnerable
 - retains some elements of feeling guilty or responsibility for the death...actions or words caused illness/death
 - curious about the "gory" details
 - may come up with personal theories for the reasons for the death
 - may have practical questions about the body & funeral
 - beginning to engage in discussion that integrates significant events, but physical outlets still a necessity
 - beginning to develop an interest in spiritual aspects of life
 - emotional turmoil is heightened by physical changes (hormones)
 - begins to realize the feelings of others are important
 - may experience shock or denial
 - begins to understand the cessation of bodily activities
 - anxious, worried
 - as the search for their own identity begins, the perspective of death as terminal & fearsome carries feelings of fragility
 - scared, fearful
 - lonely
 - confused
 - angry
 - abandoned, isolated
 - in denial
- behaviors:
 - aggression
 - possessiveness
 - may "hang back" socially & scholastically...withdrawal
 - may act out because they don't know how else to handle their grief feelings
 - headaches
 - stomachaches
 - anxiety
 - phobias
 - defiance
 - may talk about physical aspects of illness or death

- lack of concentration
- declining or greatly improving grades
- regression
- does not show feelings
- changing behavior
- confusion
- may swing back & forth in dependency for support from family/peers
- how to help:
 - use "older kid" play therapy techniques
 - offer constructive "venting" alternatives...sports activities, bicycling, punching a pillow, drawing, music, dancing, acting, playing, etc. can help release pent-up feelings
 - reaffirm or introduce family's ethnic & religious values. Read books together, separately, then discuss
 - expect & accept emotional swings from acting child-like to acting like an adult
 - expect internal body problems, headaches, colds
 - let young person choose how to be involved with family in death & mourning process
 - answer questions truthfully
 - encourage reading, writing, art, music, sports
 - find peer support groups
 - provide basic biological & chemical information about the death...tissue changes, motor function deterioration, heart stops, no feeling, low blood pressure, slow respirations, breathing stops...
 - allow for expression of angry feelings...boisterous behavior & noisy expressions of anger are signs that he is getting his feelings out in the open where they can be dealt with.

Ages 13-18...understands death cognitively (biologically, socially, psychologically), but only beginning to grapple with it spiritually...egocentric, so focus is on the effect the death has on him/her now & in the future

- reactions/feelings toward death:
 - nearing adult level of conceptualizing
 - may worry or think about own death
 - may fight their vulnerability in grief because of the need for dependence on family at a time they are striving for independence
 - exaggerated sense of own role in regards to death
 - discussion about critical events becomes primary means of processing grief
 - avoids discussions of death
 - fears "looking different" due to the loss...may become highly self-conscious
 - may attempt to protect a parent/sibling
 - may attempt to avoid hurting a parent/sibling
 - may feel they need to take the place of the person who died
 - conceal feelings or actions they may be too ashamed to admit
 - may question religious beliefs
 - often angry at the deceased
 - pain, fear, and feelings of abandonment are strong & raw
 - can sense own impending death
 - lonely, isolated
 - shock
 - denial
 - confused
 - scared
 - anxious, fearful
 - sad
 - abandoned
 - guilty
 - worried
 - grieving for what might have been
 - believes if feelings are shown, it's a sign of weakness
 - needs to be in control of feelings
- behaviors:
 - aggression
 - possessiveness
 - headaches
 - impulsive behavior
 - fighting, screaming, arguing
 - may protest loss by acting out or withdrawing
 - may feel life has been unfair to them, so angry
 - stomachaches
 - phobias

- defiance
- thoughts/feelings become contradictory & inconsistent
- increased sexual activity
- increased drug use
- increased risk-taking, trying to overcome their fears by bravado & to prove they are not vulnerable to death themselves
- suicidal ideation...may test own mortality
- may act as if illness or death never happened
- changes in grades
- sleeping disturbances
- changes in eating patterns
- changes in peer group
- acting out role confusion
- may act out a search for meaning...what is life...what is death...who am I?
- how to help:
 - acting out/defensive behaviors should be tolerated if teen/others are not being harmed
 - keep lines of communication open...be aware of who friends are & where teen is going
 - expect that a teen may reject parents one moment & appear childlike & in need the next moment...tolerate this inconsistency without accepting abuse.
 - encourage relationships with other supportive adults
 - expect periods of high energized activity or prolonged sleeping & inactivity
 - watch for drug & alcohol abuse and other high risk behavior
 - as an adult, be honest in your own grieving & share discussions of the teen, when invited
 - encourage peer support (that may not include parent)
 - encourage relationships with other supportive adults
 - listen
 - don't assume the teen does not need/desire outward signs of affection (hugs, kisses)...frequently the teen has difficulty requesting physical support
 - display and model honest grief
 - answer questions truthfully
 - withdrawal is normal if short-term...long-term withdrawal is a sign the teen needs extra help
 - give choices about involvement in death and mourning rituals
 - because teens are impulsive, suicide needs to be discussed (causes for despair, reasons for hope, meaning of life, etc.)
 - allow for discussions with physicians & health care givers
 - after teen has had time to explore the effect of death on him/herself, encourage teen to consider the death's impact on others (family, friends)
 - teens begin to really explore "why" questions about life & death...encourage search for meaning unless it may harm teen or others
 - re-establish familiar routines & discipline which provide the needed sense of security